Tempe Recreation Services

3500 South Rural Road, Tempe, AZ 85282



2020 Girls Middle School Spring Classic Hoops Tournament

- Tourney designed for student athletes in grades 6th, 7th & 8th.
 Players must represent their middle school basketball team.
- 8th Grade/Varsity Level (Combined 6th-8th)
 7th Grade/JV Level (Combined 6th-7th)
- No individual registration sign up as a school team with a coach.
- Dates: Thurs., Mar. 19th, Fri. Mar. 20th & Sat., Mar. 21st
- Location(s): City of Tempe and/or T.U.H.S.D gymnasiums
- Pool play tourney w/ 3 guaranteed games
- Pool play winners compete in order move onto Saturday Dec.
 7th place match-up or Championship game
- Team Registration Deadline: Fri. Mar. 13th or when tournament fills limited to 16 teams on each grade level.
- Rosters including player numbers & school logos due Tues. Mar. 17th



School/Team Fee:

(2) Teams \$125.00 per team (1) Team \$150.00

*Maximum of 16 school teams for each level of play (Complete Registration form on backside)

Scan/Email Return Completed Forms To Keyon Cornejo

Email: keyon_cornejo@tempe.gov

Recreation Services

3500 S. Rural Road Tempe, AZ 85282 Mon- Fri: 8:00am-5:00pm

School/Team Fee: (2) Teams; \$125.00, (1) Team; \$150.00

Tempe Recreation Services

Info: 480-350-5222 / TDD: 480-350-5050

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3500 South Rural Road, Tempe, AZ 85282



2020

Girls Middle School Spring Classic Hoops Tournament

Tournament Information

- Current fall 2019-2020 school year Junior High / Middle School students. *(current ID may be required)*.
- Tournament runs: Thursday, Mar. 19th Saturday, Mar. 21st.
- Student athletes must attend the same school.
- Games will be played at local Tempe Gymnasiums
- After school/later evening game times (4p-9p) on Thursday & Friday. All day game times (9a-7p) on Saturday.
- Teams will play high school rules with 20-minute running halves, two officials, a gym supervisor, and a scorekeeper.

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Tournament Fee

(2) Teams; \$125.00 per team(1) Team; \$150.00 per teamIndividual Player Waivers and Team registration form must be completed.

Additional Information

 keyon cornejo@tempe.gov
 480-350-5222

 jacorey huckaby@tempe.gov
 480-350-5278

 Fax
 480-350-5058

Junior High / Middle	School Girls Sprir	March 2020	I ournament – I	Liability Waiver F	orm		
Participant Name:		Age	Grade (Fall 20	19)			
Address:		Apt#	City	Zip			
Phone: Eve	Day	Emai	1				
Parent Name:		School Name					
Waiver of Liability With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:							
I have read and clearly understand I sign it of my own free will.		/	n myself and the City of T	empe and is a release of Lia	ability.		
REQUIRED: Parent or Lega	al Guardian Signature AN	ID Printed Name		Date			



City of Tempe Recreation Services Girls Middle School Spring Classis Tournament 2020 Basketball Registration Form

* * * Note- Roster will be not be completed unless individual Liability form is complete for each participant prior to first game. * * *

(PLEASE PRINT: USE BLACK INK ONLY)

School/Team Name:	Coach:	Asst. Coach	1	
Coach Cell Phone:		Email		
Asst. Coach Cell Phone:	Email			
Player (s)	Jersey #	# Gr	ade (Fall 2019)	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
ROSTER IS DUE PRIOR TO FIRST GA				
Rosters must be filled out completely validity purposes. Rosters that do not league entry. As the representative of not to be true and accurate.	contain complete address and pl	hone numbers of player	rs will not be considered for	
Coaches Signature	Date			